



**FULTON
COUNTY**

CONTRACT DOCUMENTS

FOR

REQUEST FOR PROPOSAL 25RFP020325C-MH

2025 COMMUNITY SERVICES PROGRAM

FOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

OF

FULTON COUNTY, GEORGIA

CONTRACT AGREEMENT

THIS AGREEMENT (“Agreement”), entered into this **1st day of January 2025**, by and between **FULTON COUNTY**, Georgia (hereinafter referred to as “Fulton County” or “County”), a political subdivision of the State of Georgia, acting by and through its Community Development Department’s Youth and Community Services Division (“YCS”), and **Buckhead Christian Ministry** (hereinafter referred to as “Contractor”), a corporation organized as a nonprofit, tax exempt 501(c) (3) agency, authorized to conduct business within the state of Georgia (hereinafter collectively referred to as the “Parties”).

WITNESSETH

WHEREAS, as part of its official functions, Fulton County is authorized to exercise the power of taxation pursuant to Art. IX, Section IV., Par. I of the Constitution of the State of Georgia of 1983, and to expend such funds raised by the exercise of said powers for public purposes as declared in Art. IX, Section IV., Par. II of the Constitution; and

WHEREAS, Contractor has in its employ personnel, and under its supervision, facilities and resources by which it can render to Fulton County and the citizens thereof certain services authorized by the aforementioned Constitutional provision; and

WHEREAS, Contractor has agreed to render services to the citizens of Fulton County, and the County has appropriated funds for those services; and

WHEREAS, the parties desire to execute a formal agreement for the services to be rendered by Contractor, and said services shall be defined, and consideration to be paid for such services by Fulton County for the successful performance of the services, and shall be enumerated.

The Agreement was approved by the Fulton County Board of Commissioners on **May 21, 2025, BOC#25-0398**.

NOW, THEREFORE, in consideration of the premises, payment of the sum hereinafter set forth and the performance of the services described herein, it is mutually agreed as follows:

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ARTICLE I - PARTIES AND TERM:

(a) Fulton County, through its YCS, retains Contractor, and Contractor accepts retention by Fulton County to render the services as hereinafter defined and required; to perform such services in a manner and to the extent required by the parties herein; and as may be hereafter amended or extended in writing by mutual agreement of the parties.

(b) The Chairperson of the Board of Directors for the Contractor or authorized representative (hereinafter "Board Chair") represents that she/he is authorized to bind and enter into contracts on behalf of Contractor, including this Agreement.

(c) Nothing contained in this Agreement shall be constructed to be a waiver of Fulton County's sovereign immunity or any individual's official or qualified good faith immunity.

(d) This Agreement will remain in effect from **01/01/2025**, until midnight **12/31/2025**.

(e) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis under this Agreement whenever necessary, in the sole opinion of Fulton County, to avert a life threatening situation or other sufficiently serious deficiency.

ARTICLE II - SCOPE OF CONTRACTOR'S DUTIES:

Upon execution of this Agreement, the Contractor will provide the following services for Fulton County:

SCOPE OF WORK:

Community Services Program (CSP)

CSP Service Category: Economic Stability/Poverty

CSP Funding Priority(ies):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: 1. Emergency Financial Assistance inclusive of Rental and Mortgage assistance as well as Utility assistance, 2. Training Job Development Employment which leads to self sufficiency Ex offender support services..., 5. Improved access to economic opportunities programs/resources focused on foundational education...

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

Buckhead Christian Ministry, Emergency Assistance Program will provide services at the following locations at specified times during the contract period of **01/01/2025** through **12/31/2025**:

Start and end date of programming for which CSP funds will be used:

Start date: 01/01/2025

End date: 12/31/2025

Service Delivery Site(s):

Name of Program Site	Program Location (complete physical address)	Program City	Program State	Program Zip code	Fulton County District of the program (Facility) location	District(s) of Fulton County Residents Served by the program (facility) location
BCM Georgia	2847 Piedmont Road, NE	Atlanta	Georgia	30305	3	1,2,3,4,5,6

Approach and Design:

Buckhead Christian Ministry, Emergency Assistance Program will provide services to **68** clients that reside in Fulton County, with CSP funding.

Buckhead Christian Ministry, Emergency Assistance Program will provide the following activities and services in Fulton County with CSP funding:

BCM's Emergency Assistance Program aligns with the Economic Stability/Poverty CSP Funding Priority. Qualifications to receive financial support from the Emergency Assistance Program include:

- Lease, mortgage, or hotel receipt in their name
- Lived in their home/rental unit for at least three months; BCM has flexibility based on client circumstances
- Paid three full months of rent, mortgage, or hotel rates; BCM has flexibility based on client circumstances

- Utility bill in their name (excludes hotel residents)
- Documented emergency (hospitalization, job loss, car repairs, reduced work hours, etc.)
- Photo ID and Social Security Card

BCM has adapted our program requirements to meet the continued increased need due to the long-term effects of the pandemic on vulnerable individuals and families, such as flexibility regarding length in their current residence. Due to increased need and rapidly rising rents in the Atlanta region, BCM's maximum assistance payment is \$3,500/household, based on demonstrated need. As a result, BCM may serve fewer clients in 2025 than in 2024 with grant funds, but with increased financial support for each household.

BCM's programs are delivered virtually with excellence. BCM has increased the number of appointments for emergency financial assistance and continues to use an online application process to simplify and expedite the process; this continues to be an excellent model for our clients.

To receive assistance, clients complete an online application on BCM's website and select three appointment options. Case Managers screen the online applications and collect all required documentation before the appointment; accommodations are made for those with technology challenges. The Case Manager assesses each case and issues a pledge for how much rent/mortgage and/or utility assistance BCM will pay. BCM typically does not pay the entire amount due, and the client has seven days to redeem the pledge. In certain instances, and with appropriate funding, BCM can fulfill the total amount due. Then the Case Manager processes the file, BCM's Business Manager issues the check, the Chief Program Officer signs it, and the payment is sent to the client's landlord and/or utility company. Payments are not made directly to the client. The entire process can be completed in 3-12 days.

BCM is a United Way 211 agency and also partners with the following organizations to provide additional services for our clients: Open Doors (advocates for affordable housing for low-income workers); Urban League (resume and employment services); Furniture Bank of Atlanta (furniture for clients); Our House (childcare and housing referrals); Atlanta Children's Shelter (childcare); City of Refuge (referral agency); St. Vincent De Paul Society (rent/mortgage pledge assistance), and Agape (referrals; Budget for Life partner). We collaborate to ensure our program participants have access to a full spectrum of services, including individual and family counseling, mental health and medical services from LifeGate Counseling Center, the Potter's House, Ben Massell Dental Clinic, and Georgia Light House; domestic violence support from the Women's Resource Center and Partnership Against Domestic Violence; and job readiness training from First Step Staffing and Goodwill Career Services.

Clients receiving direct financial assistance can apply for the Budget for Life Program. Budget for Life helps financially vulnerable families learn to budget, pay down debilitating debt, and establish habits that lead to financial security. It is an intense, twelve-month program that aims to help participants lower their debt, increase their credit score, manage their expenses, and begin to increase their income. The scope of services includes:

- Financial Assistance: BCM provides financial assistance through tapered rent (or mortgage) and utility payments for six months, up to \$5,250 per family.
- Money Management Education: BCM's Money Management Program is a 22-week education program designed to help clients develop skills and learn strategies to manage their household finances. In addition to learning in a classroom setting,

each client works in small groups with a volunteer coach to help put the lessons learned into daily practice.

- Case Management: BCM staff works with each client to develop an individualized service plan. The service plan is an agreement between BCM and the client, outlining the client's goals and objectives in employment, finances, housing, and health and identifying the client's needs for supportive services.
- After-Care Savings Match: BCM provides a dollar-for-dollar savings match, up to \$1,000, for participants who show a consistent record of savings deposits during the final six months of the program after completion of the Money Management classes.
- Career Path: The Career Path occurs in the final six months of the program after the Money Management Classes conclude. This will include two career path classes and meetings, as needed, with a career coach.

Budget for Life is, at its foundation, a partnership. While BCM provides the services listed above, the participating clients are responsible for working towards their own solutions and preparing for the future. Each participating family is required to:

- Pay all household expenses other than rent and utilities
- Use 30% of their household income for debt reduction or savings
- Attend all Money Management classes and work cooperatively with their coach to put into practice what they are learning
- Work with their Case Manager in developing and following through with their service plan

Last year, the program expanded to serve 50 households; 47 graduated. These households collectively eliminated over \$341,000 in personal debt and saved over \$17,000. BCM currently serves 50 households in the program. BCM has established the following goals for Budget for Life participants:

- Set and adhere to a household budget
- Set and adhere to a debt reduction plan
- Open and manage a bank account
- Establish a savings account

Budget for Life aims to help low-income workers meet basic needs and achieve financial stability. Program goals include the following:

- 80% of the Budget for Life participants will complete all components of the program
- 75% of graduates will be housed six months after services
- 50% will continue to make contributions to their savings or debt reduction plan after services are completed.

BCM collects data through interviews and documentation during service and throughout the follow-up period. Data is collected in person, via phone calls and e-mails. Through BCM's Emergency Assistance Program, individuals can receive financial assistance to help weather a financial crisis and avoid the loss of their residence through eviction, learn money management and budgeting skills, and receive case management services to improve their employment situation. Participation in this program addresses the following Fulton County "Health & Human Services" Strategic Objectives:

- Prevent health disparities by educating residents and connecting them to available resources (BCM provides referrals to additional services.)

- Help residents realize their educational potential through our community services and library programs (BCM prevents eviction, which improves educational outcomes for youth due to decreased learning loss due to transiency.)
- Support the vulnerable residents in our social services (BCM provides housing support and supportive services, including case management.)

The program addresses the following Health and Human Services Key Performance Indicators that align with the Strategic Objectives listed above:

1. Prevent health disparities by educating residents and connecting them to available resources

- Percentage of residents who experience food insecurity. (BCM's housing support helps families better afford groceries; BCM also provides referrals for access to food pantries)
- Number of people who receive behavioral health services (BCM's Case Managers refer clients to additional supportive services, including behavioral health services)

2. Help residents realize their educational potential through our community services and library programs

- Percentage of high school students who graduate on time (BCM provides housing stability, which reduces transiency and is linked to improved educational outcomes for vulnerable school-aged youth)

3. Support the vulnerable residents in our social services

- Number of residents who receive permanent supportive housing and support services (BCM's Budget for Life is a 12-month housing program, providing tapered rent and utility assistance and wrap-around services by professional Case Managers)

Participation in the program also addresses the following Community Service Program Economic Stability/Poverty Funding Priorities:

- Emergency Financial Assistance, inclusive of rent and mortgage assistance, as well as utility assistance
- Training/Job Development/Employment, which leads to self-sufficiency. Ex-offender services (employment, housing options, and transitional skills training).
- Improved access to economic opportunities, programs and resources focused on foundational education, career exploration; coaching to re-engage youth up to age 21 and provide job-readiness skills for employment. Wraparound support to address basic needs during training (rental assistance, transportation, childcare)

Designation of CSP Funds:

Based on the awarded amount of **\$50,000.00**, the CSP funds are designated according to the following cost categories: Administrative, Operational, and Direct Services.

Administrative Expenditures CSP funds that are spent on indirect personnel expenses such as salaries, salary fringe, and benefits for executive / management, accountant, administrative support, etc. Includes direct and indirect charges for administration of the grant (**Note: Not more than 5% of total grant**)

award can be used for administrative costs.)

Operational Expenditures- CSP funds used to conduct agency/ organizational functions that are secondary to program service delivery such as: auditor, grant writer, consultants, insurance office/ warehouse lease or mortgage expenses, office supplies (pens, toner, paper, etc.), agency’s utility expenses, staff transportation expenses, marketing/catalogs, etc. Not to include indirect or direct personnel expenses. **(Note: Not more than 25% of total grant award can be used for operational expenditures.)**

Direct Service Expenditures- CSP funds utilized to provide services directly to agency/program participants such as payments made on behalf of participants for rent, utilities, food, shelter, transportation (rentals, gas, and parking, bus drivers, participant’s public transportation costs, etc.), scholarships and day care vouchers, salaries and fringe benefits for direct service personnel (Case Managers, Educators, Subcontractors, etc.), program supplies (educational/instructional materials, paper, pencils, markers, etc.) directly consumed by participants. Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are included in this definition (i.e. children's story books, educational games, puzzles, and flash cards).

Throughout the contract period, program expenditures will be monitored (via performance reports) to ensure that funding is utilized as contracted.

Cost Category	Designation of CSP Funding Award
Administrative (5% Admin max of total funds awarded.)	\$2,500.00
Operational (25% Operational max of total funds awarded.)	\$0.00
Direct Services	\$47,500.00
<i>Total</i>	\$50,000.00

Explanation of Funding Details:

The Emergency Assistance Program has annual budgeted expenses of \$4,651,680.72, which are described below:

Expense	

Direct Client Benefit	\$ 3,243,450.00
Fundraising Expenses	\$ 82,650.00
Volunteer Expenses	\$ 5,510.00
Salaries and Wages	\$ 772,048.00
Employer Payroll Taxes	\$ 49,444.00
Payroll Admin	\$ 20,528.06
Employee benefit	\$ 128,634.00
Travel & Meetings	\$ 1,102.00
Meals	\$ 1,818.30
Board Meetings	\$ 991.80
Professional Services	\$ 137,529.60
Marketing & Advertising	\$ 33,060.00
Printing	\$ 6,612.00
Office Expenses	\$ 3,664.15
Postage & Delivery	\$ 4,132.50
Information & Technology	\$ 81,603.10
Staff Professional Development	\$ 2,755.00
Bank Service Charges & Other Fees	\$ 5,950.80
Volunteers	\$ 5,510.00

Facilities Expense	\$ 42,647.40
Insurance	\$ 16,530.00
Operations Expenses	\$ 5,510.00
Total Expense	\$ 4,651,680.71

BCM requests \$50,000 (1% of total program expenses) from the Fulton County Community Service Program to support the following Emergency Assistance Program Expenses:

- \$2,500 to support the Chief Program Officer's salary and benefits for grant management and reporting.
- \$3,750 to support the salary and benefits of the Director of Emergency Assistance (Direct Services)
- \$5,000 to support the salary and benefits of an Emergency Assistance Coordinator (Direct Services)
- \$3,750 to support the salary and benefits of the Director of Financial Education (Direct Services)
- \$35,000 for emergency financial assistance payments for rent/mortgage and/or utility payments to Fulton County residents (Direct Services)

The projected budget schedule for the Fulton County Community Services Program grant request of \$100,000 is as follows:

Reporting Period 1 (January 1, 2025 – June 30, 2025)

- Administrative: \$1,250 (Chief Program Officer for grant administration/reporting)
- Direct Services:
 - \$1,750 for salary and benefits support for the Director of Emergency Assistance
 - \$2,500 for salary and benefits support for an Emergency Assistance Coordinator
 - \$1,750 for salary and benefits support for the Director of Financial Education
 - \$17,500 for emergency financial assistance payments for rent/mortgage and utility payments to Fulton County residents

Reporting Period 2 (July 1, 2025 – December 31, 2025)

- Administrative: \$1,250 (Chief Program Officer for grant administration/reporting)
- Direct Services:
 - \$1,750 for salary and benefits support for the Director of Emergency Assistance
 - \$2,500 for salary and benefits support for an Emergency Assistance Coordinator
 - \$1,750for salary and benefits support for the Director of Financial Education
 - \$17,500 for emergency financial assistance payments for rent/mortgage and utility payments to Fulton

County residents

Grant funds will help support BCM Georgia's response to the growing need for financial assistance for individuals and families to remain safely housed. Funding will also support case management and money management classes to help households learn budgeting skills, pay off debt, improve their credit rating, and increase their savings. These programmatic elements work together to help improve long-term self-sufficiency for limited income individuals and families.

Program Performance Measures:

Buckhead Christian Ministry agrees to track and report program performance to the Fulton County Department of Community Development.

County Defined Performance Measure(s):

Children and Youth: Not Applicable

Disabilities: Not Applicable

Economic Stability: 1. Number of individuals receiving Emergency Financial Assistance, 3. Number of individuals placed in Living Wage Employment; receiving training/job development/employment support..., 6. Number of individuals with improved access to economic opportunities, programs/resources focused on education...

Health and Wellness: Not Applicable

Homelessness: Not Applicable

Senior Services: Not Applicable

The following program measures/ Key Performance Indicators ("KPI's") will be utilized to track and report program outcomes for the Fulton County residents supported with CSP funding, during the funding period 01/01/2025 through 12/31/2025:

The ultimate goal of the Emergency Assistance Program is to provide assistance during a family's financial crisis, including the supportive services and tools they need to avoid a similar incident in the future. Case Managers work with each client to determine their current needs and identify existing resources to aid in their financial crisis. Due to our clients' rapidly rising rents and significant rental arrears, BCM can

provide emergency financial assistance up to \$3,500/household. In some cases, this can fulfill the total amount owed. As a result of participation in the program, BCM's historical data indicates that 80% of families served who respond to BCM follow-up will remain housed 90 days after receiving financial assistance, and 70% remain self-sufficient after completing Budget for Life.

The Emergency Assistance Program will attain the following Fulton County defined performance measurements in 2025 for Fulton County residents:

- 42 individuals will receive Emergency Financial Assistance
- 5 individuals placed in Living Wage Employment; receiving training/job development/employment support services which leads to self-sufficiency
- 5 individuals receiving improved access to economic opportunities, programs, and resources focused on foundational education, career exploration, and coaching to re-engage youth and provide job-readiness skills for employment

BCM collects client data through its online Intake Form (attached to Question 12), which is now completed online. This includes information on race, veteran status, employment status, the number of members in the household and their demographic information, any public assistance being received, proof of residence, or the name of the shelter or recovery/transitional program in which the client is enrolled, and monthly income and expenses. Data during the follow-up period is collected through virtual meetings, phone calls, and e-mails. BCM has recently switched our internal databases, Drupal and Tableau, to Salesforce to record and report this information and the HMIS ClientTrack system when appropriate. BCM is in the process of expanding its internal database to capture more information on program outcomes. BCM's Case Managers are outcome and data-driven, with the knowledge that intervention is critical in evaluating the outcomes and process of the performance measures.

Milestones and a schedule for Performance Measurements identified above are as follows:

Objective	Reporting Period 1 (January – June)	Reporting Period 2 (July – December)
42 Fulton County residents receive Emergency Financial Assistance	21 residents will achieve this outcome	21 residents will achieve this outcome
5 Fulton County residents will receive training/job development/employment support services which lead to self sufficiency	N/A. The Budget for Life Career track occurs in the second six months of the year.	5 residents will achieve this outcome
5 Fulton County residents will receive improved access to economic opportunities, programs and resources focused on foundational education, career exploration, and coaching to re-engage youth and provide job-readiness skills for employment	N/A. The Budget for Life Career track occurs in the second six months of the year.	5 residents will achieve this outcome

37 Fulton County residents will avoid eviction as a result of emergency financial assistance received	18 residents will achieve this outcome	19 residents will achieve this outcome
80% of those who respond to case management follow up will have maintained their housing for 90 days after receiving emergency financial assistance.	80% will receive achieve this measurement	80% will achieve this measurement
90% of Budget for Life clients will reduce their debt by 10% within 6 months	90% will achieve this measurement	N/A. Budget for Life debt reduction occurs in the first six months of the year.

Agency Defined Performance Measure(s):

BCM has selected the following agency defined performance measures:

- # of individuals who avoid eviction due to emergency financial assistance received
- % who respond to case management follow-up, who will have maintained their housing for 90 days after receiving emergency financial assistance.
- % of Budget for Life clients who reduce their debt by 10% within six months

The Emergency Assistance Program will attain the following BCM agency-defined performance measurements in 2025:

- 37 individuals will avoid eviction as a result of emergency financial assistance received
- 80% of those who respond to case management follow-up will have maintained their housing for 90 days after receiving emergency financial assistance.
- 90% of Budget for Life clients will reduce their debt by 10% within six months

ADDITIONAL REQUIREMENTS

Failure to adhere to the terms of this Agreement, in addition to the requirements listed below, may result in one or all of the following; delayed disbursement or total loss of awarded funds, and / or ineligibility to receive an RFP award during the next funding cycle.

1. Contractor agrees to develop, in conjunction with Fulton County, a process of accepting and serving Fulton County residents referred by the Youth and Community Services Division of Fulton County Government.
2. As consideration for the County providing funding and the non-profit entity accepting same, the non-profit entity shall, upon the County's request, participate in County-sponsored events and activities on County property, when feasible. The non-profit agency shall use its best efforts to comply with the County's request provided that it is given at least one week's notice to do so. Failure to participate will be taken into consideration for future funding requested by the non-profit entity.
3. Contractor agrees to allow staff from the Fulton County Department of Community Development to conduct contract compliance site visits as necessary (announced or unannounced).
4. During the site visit, Contractor will be required to allow staff to monitor programming, as well as review client rosters / sign-in sheets and/ or Registration information that should include complete addresses of Fulton County residents served by this funding.
5. Contractor agrees to comply with the Operational Specifications outlined in **2025 Community Services Program 25RFP020325C-MH**.
6. Contractor agrees that advertising, promotions and other publicity in connection with the supported program(s) shall include the following acknowledgment: **"Funding provided in part by the Fulton County Board of Commissioners under the guidance of the Department of Community Development."**

Note: If your agency uses logos versus text, you may substitute the language above with the Fulton County Logo.

Reporting

It is the Contractor's responsibility to ensure accurate reporting of all information contained in the performance reports. Reports and supportive documentation that consistently include erroneous/ inaccurate data may result in a required reimbursement of funding and/or may negatively impact future funding.

7. Contractor will be required to submit completed performance reports (with deadlines of **(July 18, 2025, and January 16, 2026)**) to adhere to the requirements outlined in the Performance Report Instructions, as well as the format provided by the Fulton County Department of Community Development. Future

funding will be affected if performance reports are not submitted by stipulated due dates.

8. Contractor will be required to provide demographic information concerning the Fulton County residents served, including, but not limited to age, race/ethnicity and gender.

9. Contractor will be required to report the number of UNDUPLICATED/NEW participants directly served through the Community Services Program funding. **Please note:** Failure to serve the total number of participants contracted to be served with CSP funding may result in reimbursement of CSP funding to Fulton County. Failure to reimburse the funding requested will result in the ineligibility to receive future funding.

10. Contractor will be required to submit unduplicated client rosters in a spreadsheet format that includes the complete residential addresses of the Fulton County residents served with CSP funding, and LEDGERS demonstrating how Community Services Program funds were expended for the specified reporting period.

Expenditure of Funds

11. Contractor is prohibited from utilizing CSP funds for capital expenditures. (A “capital expenditure” is defined as: any resource not completely consumed during the contract year, i.e. computers, printers, construction, vehicles, cell phones, etc.) Program materials that may be pertinent to the scope of services of a funded program and that aid in contractor meeting contracted program outcomes are excluded from the definition of “capital expenditure” (e.g., children's story books, educational materials, games, puzzles, and flash cards).

12. Community Services Program funds must be expended by December 31st of the contract year. All funds that are not spent by this date must be reimbursed to Fulton County Government within 30 days of written request. A Contractor’s failure to adhere to this requirement will result in one or more of the following: inability to receive future funding from Fulton County, and/or legal action against the agency to recoup funding that are not reimbursed by the deadline.

ARTICLE III - COMPENSATION FOR SERVICES

(a) Fulton County agrees to pay Contractor a maximum sum of **\$50,000.00**.

(b) Upon receipt and approval of Contractor’s invoice delineating projected expenditures for the first six months of the contracting period. Upon receipt and approval of said invoice, County shall pay Contractor the first six months of compensation provided for by this Agreement. The Contractor shall provide Fulton County with a second invoice delineating projected expenditures for the remaining six months of the Agreement Term. Upon receipt and approval of said invoice, Fulton County shall pay

Contractor the second six months of compensation provided by this Agreement. **A failure by Contractor to submit the invoice for the first and/ or second six months of the contracting period will constitute a breach of this Agreement.**

(c) If through any cause, Contractor shall fail to fulfill its obligation under this Agreement in a timely and proper fashion or in the event that any of the provision or stipulations of this Agreement are violated by Contractor, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement by serving written notice as defined herein upon Contractor of Fulton County's intent to suspend or terminate this Agreement. If the Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving only the compensation for work performed in a manner satisfactory to Fulton County up to and including the date of the written termination notice.

(d) The Contractor agrees and understands that all expenditures must be consistent with the scope and purpose of this Agreement, and expenditures must be consistent with the guidelines and definitions established in **2025 Community Services Program 25RFP020325C-MH**, which is hereby incorporated by reference herein and made a part of this agreement. The County reserves the right to approve and reject payment for expenditures which are not consistent with the scope and purpose of this Agreement, and which the County determines are not consistent with the guidelines and definitions established in the Community Services Program RFP.

(e) The Contractor agrees and understands that Fulton County has the right to recover funds from Contractor for compensation received, pursuant to subsection (b) above if Contractor fails to perform the services outlined in Article II or does not perform such services to the satisfaction of Fulton County.

ARTICLE IV - RECORD KEEPING

(a) Contractor shall maintain accurate records of the expenditure and disposition of funds, and such records must be in accordance with good accounting practices, and made available for inspection and audit by Fulton County at a time mutually agreeable to parties and upon thirty (30) days' notice to contractor.

(b) All reports and communications, with supportive documentation consistent with contract provisions outlined in Article II, must be provided to Fulton County, in accordance with Article IV.

(c) A performance report, with supportive documentation consistent with provisions of the Agreement outlined in Article II, must be provided to Fulton County no later than **July 18, 2025 for the period January 1, 2025-June 30, 2025; and January 16, 2026 for the period July 1, 2025-December 31, 2025.**

(d) Contractor shall be responsible for sending staff representation to mandatory meetings that will

be sponsored by the Fulton County Department of Community Development. Contractor will be notified in advance of said meetings.

(e) All notices, program reports and other communications required to be given under this Contract shall be sufficient if in writing and either delivered via e-mail, personally or sent by postage, prepaid, certified or registered United States mail, return receipt requested, or e-mail addressed as follows:

To Fulton County:

Department of Community Development
c/o: Youth and Community Services Division
hsd.grants@fultoncountyga.gov
137 Peachtree Street, SW
Atlanta, Georgia 30303

To Contractor:

Buckhead Christian Ministry
2847 Piedmont Road NE
Atlanta, Georgia 30305

The Parties may only modify or update the above-referenced addresses during the term of this Agreement by providing formal notice to the other party of such a change pursuant to the terms of this provision.

(f) Contractor understands and agrees that, upon Fulton County's determination that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County shall thereupon have the right to immediately suspend or terminate this Agreement upon written notice to Contractor. Contractor further understands and agrees that if Fulton County determines that Contractor is not or has not been in substantial compliance with any term of this Agreement with respect to the performance and provision of services at any single delivery site, Fulton County may request, and the Contractor shall provide, any and all additional reports, records or documentation Fulton County deems necessary to evaluate, assess and/or measure Contractor's overall level of performance under this Agreement, including Contractor's performance at other delivery sites.

ARTICLE V - INDEMNIFICATION

Contractor hereby covenants and agrees to indemnify and hold harmless Fulton County, its Commissioners, officers, and employees from all claims, losses, liabilities, damages, deficiencies,

demands, judgments, or costs (including without limitation reasonable attorney's fees and legal expenses) suffered or occurred by such party, whether arising in tort, contract, strict liability or otherwise, including without limitation, personal injury, wrongful death or property damage arising in any way from the actions or omissions of Contractor, its directors, officers, employees, agents, successors and assigns in connection with its acceptance, or the performance, or nonperformance of its obligations under this Agreement; provided, however, that nothing herein shall be construed to preclude the Contractor from bringing suit against the County for breach of the terms of this Agreement.

ARTICLE VI – TERMINATION OF AGREEMENT FOR COUNTY'S CONVENIENCE AND FOR CAUSE

(a) This Agreement is effective on **01/01/2025**, and shall terminate on **12/31/2025**, unless earlier terminated in accordance with the provisions of this Agreement. Notwithstanding termination of the Agreement, Contractor is obligated to fulfill all of its obligations, including its reporting requirements.

(b) Notwithstanding the above provisions, Fulton County may terminate this Agreement for convenience, or Fulton County or the Contractor may terminate this Agreement at any time for any reason by giving written notice of the intent to terminate the Agreement thirty (30) days in advance, by certified mail, return receipt requested, with proper postage prepaid, or by hand delivery, to the other party at the physical address provided herein for notice. The termination shall become effective on the thirtieth (30th) day after the date of such written notice unless the parties otherwise agree in writing. If this Agreement is terminated pursuant to this paragraph, Contractor shall be exclusively limited to receiving compensation for the work satisfactorily performed up to and including the effective date of termination.

(c) Fulton County shall have the right to suspend immediately Contractor's performance hereunder on an emergency basis whenever necessary, in the opinion of Fulton County, to avert a life threatening situation or other sufficiently serious risk.

(d) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to request repayment in full of all compensation paid to Contractor pursuant to Article III of this agreement. If Fulton County exercises its right under this subsection, Contractor agrees to and shall repay Fulton County all compensation paid to Contractor pursuant to Article III of this Agreement.

(e) In the event that this agreement is terminated by Fulton County or Contractor, following the Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this agreement, Contractor agrees that Fulton County shall have the right to terminate this

Agreement between Fulton County and Contractor without penalty. Contractor acknowledges and agrees that Fulton County's right to terminate includes, but is not limited to, the right to withhold any and all future compensation due to Contractor pursuant to the terms of any and all other agreements between Fulton County and Contractor.

(f) In the event that this Agreement is terminated by Fulton County or Contractor, following Fulton County's determination that Contractor is not or has not been in substantial compliance with any provision of this Agreement, Contractor agrees that it shall not be eligible to either enter or to apply to enter into future contracts with Fulton County until it has addressed any and all areas of deficiency or non-compliance to Fulton County's satisfaction.

ARTICLE VII - INDEPENDENT CONTRACTOR STATUS

(a) Nothing contained herein shall be deemed to create any relationship other than that of an independent contractor between Fulton County and Contractor. Under no circumstances shall Contractor, its directors, officers, employees, agents, successors or assigns be deemed employees, agents, partners, successors, assigns or legal representatives of Fulton County.

Contractor acknowledges that **Buckhead Christian Ministry**, its directors, officers, employees, agents and assigns shall have no right of redress pursuant to the Personnel Rules and Regulations of Fulton County.

(b) The Contractor shall pay all sales, retail, occupational, service, excise, old age benefit and unemployment compensation taxes, consumer, use and other similar taxes, as well as any other taxes or duties on the materials, equipment, and labor for the work provided by the Contractor which are legally enacted by any municipal, county, state or federal authority, department or agency at the time bids are received, whether or not yet effective. The Contractor shall maintain records pertaining to such taxes as well as payment thereof and shall make the same available to Fulton County at all reasonable times for inspection and copying. The Contractor shall apply for any and all tax exemptions which may be applicable and shall timely request from Fulton County such documents and information as may be necessary to obtain such tax exemptions. Fulton County shall have no liability to the Contractor for payment of any tax from which it is exempt.

ARTICLE VIII - INSURANCE

Contractor agrees to obtain, maintain and furnish to Fulton County, a Certificate of Insurance (COI) showing the required coverage during the entire term of this Agreement. All insurance limits are listed in the "Insurance and Risk Management Provisions" document, Attachment "A", with Fulton County,

Georgia added as an “Additional Insured”. The cancelation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

ARTICLE IX – AMENDMENTS AND MODIFICATIONS TO CONTRACT

(a) This Agreement constitutes the entire agreement between Fulton County and Contractor, and there are no further written or oral agreements with respect thereto, no variations, amendments or modifications of this Agreement, and no waiver of its provisions, shall be valid unless in writing and signed by Fulton County’s and Contractor’s duly authorized representatives.

(b) Modifications or amendments which require a change in compensation level must be approved by the Fulton County Board of Commissioners and Contractor; other modifications, amendments or variations may be agreed to in writing, between the Contractor and the Contract Administrator when the amount of this Agreement and its Term remain unchanged.

ARTICLE X - SUBCONTRACTING

Contractor shall not subcontract any part of the work covered by this Agreement or permit subcontracted work to be further subcontracted without prior written approval of Fulton County.

ARTICLE XI - ASSIGNABILITY

Contractor shall not assign or subcontract this Agreement or any portion thereof without the prior expressed written consent of Fulton County. Any attempted assignment or subcontracting by Contractor without the prior expressed written consent of Fulton County shall at the County’s sole option terminate this Agreement without any notice to Contractor of such termination. Contractor binds itself, its successors, assigns, and legal representatives of such other party in respect to all covenants, agreements and obligations contained herein.

ARTICLE XII - SEVERABILITY OF TERMS

If any part or provision of this Agreement is held invalid the remainder of this Agreement shall not be affected thereby and shall continue in full and effect.

ARTICLE XIII – PRECEDENCE OF AGREEMENT

In the event that any language in the Department of Community Development's Community Services Program RFP is in conflict with the language in this Agreement, this Agreement shall take precedence.

ARTICLE XIV - EQUAL EMPLOYMENT OPPORTUNITY

In accordance with Fulton County Code Sections 102-391 (Equal Opportunity Clause) and 154-3 (Policy of Equal Opportunity): (a): During the performance of this Agreement, the Contractor agrees as follows:

(1) The Contractor shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, national origin, or disability. As used herein, the words "shall not discriminate" shall mean and include without limitations the following:

Recruited, whether by advertising or other means; compensated, whether in the form of rates of pay, or other forms of compensation; selected for training, including apprenticeship; promoted; upgraded; demoted, downgraded; transferred; laid off; and terminated.

The Contractor agrees to and shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

(2) The Contractor shall in solicitation or advertisement for employees, placed by or on behalf of the Contractor; state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, sexual orientation, national origin, or disability.

(3) The Contractor shall send to each labor union or representative of workers with which the Contractor has a collective bargaining agreement or other contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under the Equal Opportunity Program of Fulton County and under this Article, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The Contractor and its subcontractors, if any, shall file Compliance Reports at reasonable times and intervals with Fulton County in the form and to the extent prescribed by the director. Compliance Reports filed at such times as directed shall contain information as to the employment practices, policies, programs and statistics of the Contractor and its subcontractors.

(5) The Contractor shall include the provisions of paragraphs (1) through of this equal employment opportunity clause and every subcontractor purchase order so that such provision shall be binding upon each subcontractor.

ARTICLE XV - CAPTIONS

The captions are inserted herein only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Agreement or the intent of the provisions thereof.

ARTICLE XVI - GOVERNING LAW

This Agreement shall be governed in all respects, as to validity, construction, capacity, and performance or otherwise, by the laws of the State of Georgia.

ARTICLE XVII - JURISDICTION

This Agreement will be executed and implemented in Fulton County. Further, this Agreement shall be administered and interpreted under the laws of the State of Georgia. Jurisdiction of litigation arising from this Agreement shall be in the Fulton County Superior Courts. If any part of this Agreement is found to be in conflict with applicable laws, such part shall be inoperative, null and void insofar as it is in conflict with said laws, but the remainder of this Agreement shall be in full force and effect.

Whenever reference is made in the Agreement to standards or codes in accordance with which work is to be performed, the edition or revision of the standards or codes current on the effective date of this Agreement shall apply, unless otherwise expressly stated.



F. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Buckhead Christian Ministry DBA BCM Georgia
Project No. and Project Title:	Request for Proposal 25RFP020325C-MH 2025 Community Service Program (CSP)

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of Fulton County Government has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

2590786

Federal Work Authorization User Identification Number (EEV/E-Verify Company Identification Number)

12/19/2024

Date of Authorization

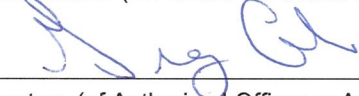
BCM Georgia

Authorized Officer or Agent
(Name of Contractor)

I hereby declare under penalty of perjury that the foregoing is true and correct

Greg Cole

Printed Name (of Authorized Officer or Agent of Contractor)


Signature (of Authorized Officer or Agent)

President and CEO

Title (of Authorized Officer or Agent of Contractor)

2/21/25
Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

21 DAY OF **February**, 20 **25**


Notary Public

My Commission Expires: **10-06-2025**



* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contractor's Name:	Buckhead Christian Ministry DBA BCM Georgia
Project No. and Project Title:	Request for Proposal 25RFP020325C-MH 2025 Community Service Program (CSP)

FORM G: SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

2590786

Federal Work Authorization User Identification
Number (EEV/E-Verify Company Identification
Number)

12/19/2024

Date of Authorization

NOT
APPLICABLE

Authorized Officer of Agent
(Name of Subcontractor)

I hereby declare under penalty of
perjury that the foregoing is true and
correct

Greg Cole

Printed Name (of Authorized Officer or Agent of Contractor)

President and CEO

Title (of Authorized Officer or Agent of Contractor)

Signature (of Authorized Officer or Agent)

Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20 ____

Notary Public

[NOTARY SEAL]

My Commission Expires: _____

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Marsh Affinity</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 800-743-8130</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: ADPTotalSource@marsh.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: New Hampshire Insurance Co.</td> <td>NAIC # 23841</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Marsh Affinity		PHONE (A/C, No, Ext): 800-743-8130	FAX (A/C, No):	E-MAIL ADDRESS: ADPTotalSource@marsh.com		INSURER(S) AFFORDING COVERAGE		INSURER A: New Hampshire Insurance Co.	NAIC # 23841	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																					
INSURED ADP TotalSource FL XVII, Inc. 5800 Windward Parkway Alpharetta, GA 30005 Alternate Employer: Buckhead Christian Ministry, Inc 2847 PIEDMONT RD NE Atlanta, GA 303050000																					

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$																
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$																
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N/A	WC 088407049 GA	07/01/2024	07/01/2025	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">PER X</td> <td style="width: 15%;">STATUTE</td> <td style="width: 10%;">OTH-ER</td> <td style="width: 80%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. EACH ACCIDENT \$ 2,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 2,000,000</td> </tr> <tr> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 2,000,000</td> </tr> </table>	PER X	STATUTE	OTH-ER					E.L. EACH ACCIDENT \$ 2,000,000				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000				E.L. DISEASE - POLICY LIMIT \$ 2,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All worksite employees working for Buckhead Christian Ministry, Inc paid under ADP TOTALSOURCE, INC.'s payroll, are covered under the above stated policy. Buckhead Christian Ministry, Inc is an alternate employer under this policy. 2847 Piedmont Road NE

CERTIFICATE HOLDER

Fulton County Government
 141 Pryor Street, SW
 Atlanta, GA 30303

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jo Phillips

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER Marsh Affinity a division of Marsh USA LLC. PO BOX 14404 Des Moines, IA 50306-9686	CONTACT NAME: Marsh Affinity	
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	E-MAIL ADDRESS: ADPTotalSource@marsh.com	
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	INSURER A: New Hampshire Insurance Co.	NAIC # 23841
	INSURER B:	
INSURED ADP TotalSource FL XVII, Inc. 5800 Windward Parkway Alpharetta, GA 30005 Alternate Employer: Buckhead Christian Ministry, Inc 2847 PIEDMONT RD NE Atlanta, GA 303050000	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 063528457 GA	07/01/2025	07/01/2026	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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CERTIFICATE HOLDER

Fulton County Government
 141 Pryor Street, SW
 Atlanta, GA 30303

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Jo Phillips

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2025

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PRODUCER Hamby & Aloisio Inc. 53 Perimeter Center East #400 Atlanta GA 30346	CONTACT NAME: Judith Davis, CISR, CPSR PHONE (A/C, No, Ext): (770) 551-3270 FAX (A/C, No): (770) 551-3289 E-MAIL ADDRESS: judith@hains.com INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Ins. INSURER B: USLI INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Buckhead Christian Ministry, Inc. 2847 Piedmont Road Ne Atlanta GA 30305	NAIC # 10023

COVERAGES**CERTIFICATE NUMBER:** 25-26**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		02-CP-000007689-3	06/01/2025	06/01/2026	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 20,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY			02-CP-000007689-3	06/01/2025	06/01/2026	GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						Professional Liability \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			02-UB-000007690-3	06/01/2025	06/01/2026	BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		NDO1576642E	06/01/2025	06/01/2026	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Directors and Officers			NDO1576642E	06/01/2025	06/01/2026	D&O Liability \$1,000,000
							EMPLOYMENT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Crime - Travelers - 104497886 - 07/20/2022 - 07/20/2025 - Limit \$10,000

CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 141 Pryor St. SW

Atlanta

GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hamby & Aloisio Inc. 53 Perimeter Center East #400 Atlanta GA 30346	CONTACT NAME: Judith Davis, CISR, CPSR PHONE (A/C, No, Ext): (770) 551-3270 FAX (A/C, No): (770) 551-3289 E-MAIL ADDRESS: judith@hains.com INSURER(S) AFFORDING COVERAGE INSURER A: Alliance of Nonprofits for Ins. INSURER B: USLI INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Buckhead Christian Ministry, Inc. 2847 Piedmont Road Ne Atlanta GA 30305	NAIC # 10023

COVERAGES**CERTIFICATE NUMBER:** 2024-2025**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		2024-25324	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 20,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY			2024-25324	06/01/2024	06/01/2025	GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> ANY AUTO						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						Professional Liability \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			2024-25324-UMB	06/01/2024	06/01/2025	BODILY INJURY (Per person) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 0						PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		NDO1576642D	06/01/2024	06/01/2025	PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	Directors and Officers						E.L. DISEASE - POLICY LIMIT \$
B					06/01/2024	06/01/2025	D&O Liability \$1,000,000
							EMPLOYMENT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Crime - Travelers - 104497886 - 07/20/2022 - 07/20/2025 - Limit \$10,000

ERISA/Fiduciary Liability - 105579141 - 06/01/2023 - 06/01/2026 - Limit \$500,000

CERTIFICATE HOLDER**CANCELLATION**
 Fulton County Government
 141 Pryor St. SW

Atlanta

GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

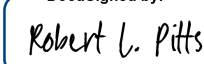
IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and, as applicable, their corporate seals to be hereunto affixed as of the day and year date first above written.


OWNER:

CONTRACTOR:

FULTON COUNTY, GEORGIA

VENDOR NAME **Buckhead Christian Ministry**

DocuSigned by:

BA715B1A26544E7
Robert L. Pitts, Chairman
Fulton County Board of Commissioners

Signed by: Name of Signatory: Greg Cole

48C6542C132E433... Title of Signatory: President and CEO
Authorized Signature

ATTEST:

ATTEST:

Signed by:

EEC476C4837648D...
Tonya R. Grier
Clerk to the Commission

Signed by: Name of 2nd Signatory: **Nancy Davis**

F2FB0D392D6C41E... Title of 2nd Signatory: **Director of Advancement**
Second Authorized Signature

(Affix County Seal)



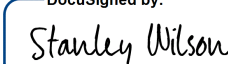
(Affix Corporate Seal, if applicable)

APPROVED AS TO FORM:

Signed by:

0EC92EDADEFB4B8...
Office of the County Attorney

APPROVED AS TO CONTENT:

DocuSigned by:

5E4D76DFB4A0450...
Stanley Wilson, Director
Fulton County Department of
Community Development

Please select RM or 2ND RM from the checkbox

RM

X 2ND RM

ITEM#: _____ RM: _____	ITEM#: 25-0398 2ND RM: 05/21/2025
REGULAR MEETING	SECOND REGULAR MEETING

Certificate Of Completion

Envelope Id: 6674025D-4D39-4474-B524-C979ED8FE957

Status: Completed

Subject: Please DocuSign: 2025 CSP Contract-Buckhead Christian Ministry-BOC Agenda#25-0398

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 30

Signatures: 6

Envelope Originator:

Certificate Pages: 7

Initials: 0

Cherie Williams

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Envelopeld Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-05:00) Eastern Time (US &

Atlanta, GA 30303

Canada)

Cherie.Williams@fultoncountyga.gov

IP Address: 100.16.226.226

Record Tracking

Status: Original

Holder: Cherie Williams

Location: DocuSign

6/15/2025 10:19:32 PM

Cherie.Williams@fultoncountyga.gov

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Greg Cole

gregcole@bcmgeorgia.org

Security Level: Email, Account Authentication
(None)

Signed by:

48C6542C132E433...

Sent: 6/15/2025 10:25:57 PM

Viewed: 6/16/2025 10:19:38 AM

Signed: 6/16/2025 10:20:29 AM

Signature Adoption: Pre-selected Style

Using IP Address: 45.25.169.165

Electronic Record and Signature Disclosure:

Accepted: 6/16/2025 10:19:38 AM

ID: 89c272cd-e34b-45d1-a4a6-efd16c16f361

Nancy Davis

nancydavis@bcmgeorgia.org

Security Level: Email, Account Authentication
(None)

Signed by:

F2FB0D392D6C41F...

Sent: 6/16/2025 10:20:33 AM

Resent: 6/20/2025 2:41:05 PM

Resent: 6/23/2025 9:05:47 AM

Resent: 6/24/2025 9:40:52 AM

Viewed: 6/24/2025 9:44:29 AM

Signed: 6/24/2025 9:58:58 AM

Signature Adoption: Pre-selected Style

Using IP Address: 45.25.169.165

Electronic Record and Signature Disclosure:

Accepted: 6/24/2025 9:44:29 AM

ID: fe422833-bbff-4cbd-98c6-d14ffd6faacb

Mark Hawks2

mark.hawks@fultoncountyga.gov

Chief Assistant Purchasing Agent

Purchasing and Contract Compliance

Security Level: Email, Account Authentication
(None)

Completed

Using IP Address: 45.20.200.178

Sent: 6/24/2025 9:59:00 AM

Resent: 6/25/2025 1:05:21 PM

Viewed: 6/25/2025 1:13:50 PM

Signed: 6/25/2025 1:14:08 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Stanley Wilson

Stanley.Wilson@fultoncountyga.gov

Director

Stanley Wilson

Security Level: Email, Account Authentication
(None)

DocuSigned by:

5E4D76DFB4A0450...

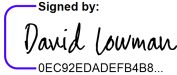
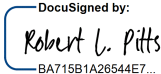
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Viewed: 6/25/2025 5:16:15 PM

Signed: 6/25/2025 5:16:22 PM

Signature Adoption: Pre-selected Style

Using IP Address: 75.43.132.102

Signer Events	Signature	Timestamp
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Lauren Hansford lauren.hansford@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Completed Using IP Address: 2601:cd:cc80:7e10:695e:8e57:23b0:d186	Sent: 6/25/2025 5:16:24 PM Viewed: 6/27/2025 7:49:27 AM Signed: 6/27/2025 7:52:13 AM
Electronic Record and Signature Disclosure: Accepted: 6/27/2025 7:49:27 AM ID: ac5b9481-527d-400c-b0a4-3488cca43eea		
David Lowman David.Lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)	Signed by:  <small>0EC92EDADEFB4B8...</small> Signature Adoption: Pre-selected Style Using IP Address: 47.36.19.90	Sent: 6/27/2025 7:52:16 AM Viewed: 6/27/2025 8:02:06 AM Signed: 6/27/2025 8:03:09 AM
Electronic Record and Signature Disclosure: Accepted: 6/27/2025 8:02:06 AM ID: f35a3290-8e10-45f9-b591-675b7179be71		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed Using IP Address: 66.56.23.82	Sent: 6/27/2025 8:03:11 AM Viewed: 6/27/2025 1:29:18 PM Signed: 6/27/2025 1:30:42 PM
Electronic Record and Signature Disclosure: Accepted: 11/27/2017 1:39:37 PM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts michael.oconnor@fultoncountyga.gov Fulton County Security Level: Email, Account Authentication (None)	DocuSigned by:  <small>BA715B1A26544E7...</small> Signature Adoption: Pre-selected Style Using IP Address: 68.208.197.4	Sent: 6/27/2025 1:30:45 PM Viewed: 6/27/2025 2:43:35 PM Signed: 6/27/2025 2:43:42 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Security Level: Email, Account Authentication (None)	Signed by:  <small>EEC476C4837648D...</small>  Signature Adoption: Uploaded Signature Image Using IP Address: 99.96.24.191	Sent: 6/27/2025 2:43:44 PM Resent: 6/30/2025 11:54:06 AM Viewed: 7/1/2025 12:31:12 PM Signed: 7/1/2025 12:31:34 PM
Electronic Record and Signature Disclosure: Accepted: 3/16/2018 10:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4		

Signer Events	Signature	Timestamp
Mark Hawks3 mark.hawks@fultoncountyga.gov Chief Assistant Purchasing Agent Purchasing and Contract Compliance Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Completed Using IP Address: 45.20.200.178	Sent: 7/1/2025 12:31:38 PM Resent: 7/3/2025 10:46:09 AM Viewed: 7/3/2025 2:09:14 PM Signed: 7/3/2025 2:09:19 PM
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Atif Henderson Atif.Henderson@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 6/15/2025 10:25:56 PM Viewed: 7/3/2025 2:14:02 PM
Cherie Williams cherie.williams@fultoncountyga.gov Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 6/15/2025 10:25:56 PM Resent: 7/3/2025 2:09:26 PM
Carlos Thomas carlos.thomas@fultoncountyga.gov Division Manager Fulton County Government Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 6/15/2025 10:25:57 PM Viewed: 7/3/2025 2:13:30 PM
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 7/3/2025 2:09:22 PM Viewed: 7/3/2025 2:14:04 PM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/15/2025 10:25:56 PM
Certified Delivered	Security Checked	7/3/2025 2:09:14 PM

Envelope Summary Events	Status	Timestamps
Signing Complete	Security Checked	7/3/2025 2:09:19 PM
Completed	Security Checked	7/3/2025 2:09:22 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.